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Informational Bulletin 08-14

114.3 CMR 9.00 Independent Living Services for the Personal Care Attendant Program

Effective July 1, 2008

Update to the PCA Wage and Employer Expense Component Rates

The Division is issuing this Informational Bulletin under authority of Regulation 114.3 CMR 9.01(5). As outlined in this subsection, the Division may issue Administrative Bulletins to clarify the substantive provisions of 114.3 CMR 9.00 and to notify interested parties of payment updates pursuant to 114.3 CMR 9.01(4).

Listed below are new payment rates for PCA services, based on the changes in the PCA Wage and the Employer Expense Components.

PCA Wage Component and Employer Expense Component Effective July 1, 2008

Code	Modifier	Rate	Unit	Description
T1019		\$ 3.29	15 minutes	Personal care services per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (PA), (for PCA services provided during day or night)
T1019	-TU	\$ 1.65	15 minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) special payment rate, overtime) (PA) (code with modifier for premium pay for overtime)

Code	Modifier	Rate	Unit	Description
T1019	-TV	\$ 1.65	15 minutes	Premium Holiday Rate. Services requested on Sundays and holidays in addition to basic services. (MassHealth does not pay for this code on Sundays. For MassHealth, this code should be used for holidays only. Must be billed in conjunction with T1019).

Explanation of PCA Rates effective July 1, 2008

Wage Component	PCA Rate (Hourly)	PCA Rate (15 minutes)	Holiday Rate (Hourly)	Premium Holiday Rate and Premium Pay Rate for Overtime (15 minutes)
PCA Gross Wage Component	\$ 11.60	\$ 2.90	\$ 17.40	\$ 1.45
Employer Expense Component	\$ 1.56	\$.39	\$ 2.34	\$.20
Total Class Rate	\$ 13.16	\$ 3.29	\$ 19.74	\$ 1.65

PCA Wage Component and Employer Expense Component Effective July 1, 2009

Code	Modifier	Rate	Unit	Description
T1019		\$ 3.40	15 minutes	Personal care services per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (PA), (for PCA services provided during day or night)
T1019	-TU	\$ 1.70	15 minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) special payment rate, overtime) (PA) (code with modifier for premium pay for overtime)

Code	Modifier	Rate	Unit	Description
T1019	-TV	\$ 1.70	15 minutes	Premium Holiday Rate. Services requested on Sundays and holidays in addition to basic services. (MassHealth does not pay for this code on Sundays. For MassHealth, this code should be used for holidays only. Must be billed in conjunction with T1019).

Explanation of PCA Rates effective July 1, 2009

Wage Component	PCA Rate (Hourly)	PCA Rate (15 minutes)	Holiday Rate (Hourly)	Premium Holiday Rate and Premium Pay Rate for Overtime (15 minutes)
PCA Gross Wage Component	\$ 12.00	\$ 3.00	\$ 18.00	\$ 1.50
Employer Expense Component	\$ 1.60	\$.40	\$ 2.40	\$.20
Total Class Rate	\$ 13.60	\$ 3.40	\$ 20.40	\$ 1.70

PCA Wage Component and Employer Expense Component Effective July 1, 2010

Code	Modifier	Rate	Unit	Description
T1019		\$ 3.54	15 minutes	Personal care services per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (PA), (for PCA services provided during day or night)
T1019	-TU	\$ 1.77	15 minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) special payment rate, overtime) (PA) (code with modifier for premium pay for overtime)

Code	Modifier	Rate	Unit	Description
T1019	-TV	\$ 1.77	15 minutes	Premium Holiday Rate. Services requested on Sundays and holidays in addition to basic services. (MassHealth does not pay for this code on Sundays. For MassHealth, this code should be used for holidays only. Must be billed in conjunction with T1019).

Explanation of PCA Rates effective July 1, 2010

Wage Component	PCA Rate (Hourly)	PCA Rate (15 minutes)	Holiday Rate (Hourly)	Premium Holiday Rate and Premium Pay Rate for Overtime (15 minutes)
PCA Gross Wage Component	\$ 12.48	\$ 3.12	\$ 18.72	\$ 1.56
Employer Expense Component	\$ 1.68	\$.42	\$ 2.52	\$.21
Total Class Rate	\$ 14.16	\$ 3.54	\$ 21.22	\$ 1.77